

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/685,556	FILING DATE										
							APPLICANT(S)											
10-6-04							CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						51											
2	1						52											
3	1						53											
4	1						54											
5		3					55											
6		3		1		1	56											
7		3		1		1	57											
8		3					58											
9		3					59											
10	1						60											
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48							98											
49							99											
50							100											
T. TAL.	5		1		1		TOTAL											
IND.							IND.											
TOTAL	22		3		2		DEP.											
DEP.							TOTAL											
TOTAL	27		4		3		DEP.											
CLAIMS							TOTAL											
							CLAIMS											

PTO-1320 (1-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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